

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567266

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3		6		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		2		1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		2		1		
66		0		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		0		1		
72		0		1		
73		0		1		
74		0		1		
75		0		1		
76		0		1		
77		0		1		
78		0		1		
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		11		11		
TOTAL DEP.		69		66		
TOTAL CLAIMS		80		77		